3rd Quarter Report

NAME AND ADDRESS: **Yakima Health District**

BCHP ADMINISTRATOR: **Carolyn Jensen**

TITLE: BCHP Regional Coordinator

TELEPHONE: **(Desk)(509) 249-6512**
(Cellular)(509) 952-2925

EMAIL: carolyn.jensen@co.yakima.wa.us

Number of women served from 1/1/02 through 3/31/02 according to the Data Management System[1]

Newly Enrolled Women: 91

Re-screened Women: 62

Total Women: 151

[1] This is not all the women that have been served for the 3rd quarter. Data entry has not been possible since January .

Overview

January was spent doing some of the things are easy to put on the back burner. Most of our client base, Hispanics, were out of the country for the winter and things had slowed down at the providers. As an aside, this played havoc with our follow-up timelines. The DMS was not working so nothing could be entered. Therefore, staff concentrated on clearing up older cases for case management, getting our in-house data base as accurate as possible, and taking care of personal items such as doctor and dentist appointments that had been put off for months. The newsletter was researched and mailed out in January too.

The DMS was down through the month of February so nothing was entered. We began getting phone calls from providers wanting their money so energy was directed to payment of services by hand. Planning began in earnest for coordinated fund-raising event in Toppenish with the Yakama Nation and the Indian Health Service. Planning for training R.N. to perform clinical breast exams and Pap tests began with the Yakima Valley Farm Workers Clinic. It is anticipated that the training will go to nurses that use the mobile van. Several radio spots at Hispanic radio stations throughout the region were done. Some inservice provider training to Planned Parenthood on BCHP screening standards also occurred.

March found us still without a Data Management System. We continued to pay the providers by hand but this was not a very satisfactory method of payment. It is too easy to double pay bills and make other assorted errors. The data management staff had great difficulty with this because she was not familiar with excel and the DMS has some safety net features to prevent double payments, paying providers through modifiers rather than globally that the hand payment method does not have. This resulted in a vast array of mistakes that we will unravel later after cases are entered into the DMS and we can see just where we stand. What this exercise did do is shine a spot light on staff's understanding or lack thereof of the program and its processes. The program coordinator was compelled to shoulder the hand payment.

Service Model Issues

Getting the BCHP forms turned in within a reasonable amount of time is still a problem but it is getting better. Planned Parenthood changed laboratories and their paperwork is now getting to us quickly. On the other hand, We have received paperwork as much as a year old from Yakima Valley Farm Workers Clinic. Lots of contract service dollars and outreach/in-reach funds are being saved because the forms are not being sent to and received by the YHD in 20 days. We would rather pay the money. We will continue to adjust the service model until this improves.

Another issue that has come up this contract period is the difficulty of obtaining results from follow-up care when a client has an abnormal finding. As the clinics begin modifying their handling of cases and paperwork to start compliance with HIPPA, it becomes more difficult for clinic staff to access missing information. Each clinic is a little different, but the provider with the largest BCHP client load has instituted a system that isolates information from the clinics' BCHP coordinators and subsequently from the Case Manager. Other clinic coordinators have spoken to us about their difficulty of getting in-house client records on BCHP women that need follow-up.

Staffing Issues

Staffing is good. Staff continues to bond and are working together better and better as a team. All of them continue to learn and fine tune process and information. However all is not perfect.

The DMS Data Entry person is having some problems understanding process and the inter-relationship of one provider to one another. This became very apparent while she was paying providers by hand. When

she was doing data entry she seemed to be doing a good job at it. We will be looking closely at the data that is entered after the DMS is fixed.

We are having an internal problem with our case manager support person. She is being shared by at least two other programs in the Health District. Each program thinks that they have the most important and highest priority work to be done. She is being constantly pulled away from her duties in BCHP. I have talked to the BCHP Administrator and the supervisor of the other programs regarding this problem. Time will reveal whether the discussions had any impact.

Public Education and Outreach Events

In January we had an interview on Q92 morning show to discuss the importance of Pap tests. Our spots were short but lively and they have requested that we return in October to discuss breast health. In February we had a 1 hour shown on La Campesina in Pasco. Most of the discussion was on cervical health but breast health was also mentioned. There was another short spot on the HAWK in February where cervical health was discussed.

Activities and Discussion

Below are the activities that were planned for this quarter. Activities that were not planned for this quarter are not shown. In the discussion, there is an assessment of the success or failure reaching the targets.

Program Component: Management

Goal: Have adequate staffing.

Target/Measure	Timeline	Discussion
Staff capable of carrying out the duties of program management, data management and client tracking— **All staff will be familiar with the DMS and be able to look up cases and understand the information that they see on the screen.**	~~March 31, 2002~~ June 30, 2002	Data could not be input into the DMS this quarter. This goal will have to be postponed.

Goal: Change staffing functions and duties to assure that the goals and action items in this work-plan and the program can be achieved.

Target/Measure	Timeline	Discussion
Data entry staff member with medical background in place— ~~**2 days a week**~~ **3 hours a day**	~~August 1, 2001~~ October 1, 2001	She began the Data Entry position last quarter. However, This quarter the Data Management System did not work so she could not do her job. She performed other duties this quarter.

Goal: Assure that all providers have input into the program planning procedures regarding the delivery of program services.

Target/Measure	Timeline	Discussion
Administrator and clinic floor staff of each sub-contractor to be given information of the constraints, goals, policies and procedures of the BCHP— **100%**	On-going	This quarter in-house training visit were made to the following: Planned Parenthood offices in Yakima; Dr. Evan's office in Pasco; YVFWC in Toppenish; Yakama Nation in Toppenish;

Target/Measure	Timeline	Discussion
		La Clinica offices in Pasco, Richland and Kennewick; and Columbia County Health District. Visits will continue to be needed. Clinic staff turnover can be quite high. Also, staff forgets or does not truly understand what they were told in the original in-service training.
Meet, telephone, or correspond with administrators and BCHP coordinators **100%**	On-going	Input is solicited often on how the Region can help the providers do their job better and what can we do to make it easier. (they usually say "more money")

Goal: Improve regular and timely communication with each provider.

Target/Measure	Timeline	Discussion
Quarterly newsletters— **4 newsletters in a 12 month period**	Spring; Summer; Winter & Fall	A newsletter was done for Winter and mailed in January. It featured information on cervical health and cervical cancer.
Each provider to have up-to-date contractor's manual— **Updates completed**	As changes occur	As new information or more complete information is received, it is sent to the providers.

Goal: Maintain existing system to ensure that client records can be retrieved quickly and that confidentiality of client records will be maintained.

Target/Measure	Timeline	Discussion
Each day data is entered, data base is back-up on Zip disk—	No less than 2 days a week	Data has to be input to be backed up.
No loss of data or breach of confidentiality—	On-going	The paper files and computer systems continue to be maintained.

Goal: Assure that BCHP Regional Office staff have a clear understanding of program policies, standards, and systems and have the skills and ability needed as expressed by WDOH to perform vital program functions.

Target/Measure	Timeline	Discussion
Complete *Staff Procedure Manual* & Distribute Manual-- **Every staff member to have a Manual**	New adjusted timeline: ~~March 30, 2002~~ This may have to wait until next year	The Regional Coordinator felt that to have meaning, the *Staff Procedure Manual* should be written by staff and reviewed for accuracy and completeness by the Regional Coordinator. The staff has been in training and cross-training; therefore, no Staff Procedure Manual has been developed.
Each staff member to have read program CDC policy manual, WDOH BCHP manual, and the DMS manual and appendices.-- **One hour each week staff is to meet, read and discuss the manuals as to how the materials relate to what they are actually experiencing vis á vis cases and provider actions.**	On-going.	Each staff member was given a personal copy of Contractor's Manual and a WDOH-BCHP manual. Staff has been shown where the CDC-BCHP manual is kept. Classes have ended and all the material

Target/Measure	Timeline	Discussion
		has been reviewed.
Support further enhance and develop staff skills by providing courses/training in medical skills above and beyond the program training offered by WDOH— **Data entry, case management and BCHP regional coordinator to have completed and pass Human Anatomy, biology course or other courses that will enhance job skills**	Ongoing	Data Entry staff completed an Organic Chemistry and a social science course. Case Management staff finished a Medical Worker Spanish class.

Goal: Assure that providers and staff keep abreast of Breast cancer, Cervical cancer and program trends, findings, and target population issues.

Target/Measure	Timeline	Discussion
Distribute information on Breast and Cervical cancer from WDOH to providers and staff-- **Mailings to each provider as information is released**	On-going	As Breast and/or Cervical cancer information, policy changes, or other items of programmatic interest from WDOH or other sources arrives, it is distributed by mail to providers.
Weekly staff meetings where information is exchanged-- **Attendance by all program staff**	Wednesday Afternoons	Meeting are held once a week.

Goal: Assure that staff have and obtain training opportunities.

Target/Measure	Timeline	Discussion
Each staff member to attend at least one training session in a contract year-- **Attendance at a training event**	As training opportunities occur	Case Manager to the video-based self study program on the followup of Abnormal CBE and Mammographic Findings.

Goal: Ensure ongoing improvement to Program Management efforts

Target/Measure	Timeline	Discussion
Evaluate each individual on their participation in sharing workloads, meeting deadlines, and attitude towards each other.-- **Each staff member to have a review**	Quarterly-- May, August, November, **February**	Each staff member was given a review of their job performance.
Error free data entry, less than 10% women lost to follow-up; >75% new women over 50 years old enrolled into BCHP; program indicators met; and program progress indicators met **Continuous improvement by staff in all areas**	On-going	The DMS has not worked properly much of this quarter.
Weekly meetings **Attendance by all program staff**	Wednesday afternoons	These meeting are held once a week. .
Highly functional program components, successful staff and cooperative positive attitudes-- **Program goals and deadlines met**	On-going	Staff is improving in their positions and work together well.
Have staff that is highly functional, interested in the BCHP and accurate in performing all functions of their positions— **necessary functions of the positions in the program performed accurately and all deadlines met.**	On going	Staff understands and performs all the necessary functions of the position in the program.

Goal: Maintain programmatic financial management

Target/Measure	Timeline	Discussion
(Program Progress Indicator A-1) Program funds allocated to clinical procedures and ancillary screening, referral, and follow-up services are in agreement with CDC and WDOH requirements ie. {{Total $ amount for screening tests and diagnostic services minus (ancillary screen, referral and follow services)} divided by the total $ amount of the amount of the WDOH grant] times 100.— = or >60%	On-going	The balance between Direct and Indirect costs is being maintained maintained.
Reduce the amount of time between date of service of an abnormal finding and receipt by the regional office by tying ancillary costs ($30.00) associated with delivery of screening services is paid provided that paperwork is complete and is postmarked within 20 calendar days of the date of service.— 20 calendar days	On-going	This strategy is not successful. The clinics want the extra money but they do not want to get completed paperwork in to the Regional office in a timely manner. Planned Parenthood has reduced their timelines dramatically by using services from a local pathology laboratory rather then send Pap smears to San Antonio, TX.
Reduce and/or eliminate number of Pap smears performed in violation of CDC Pap policy— To be determined	On-going	Pap tests that are not performed in accordance of the 2 Pap Policies are deducted from the clinic's fees and paid to the Laboratory. A note which says that this is our practice is on the Billing Authorization which is included with each check.
Reduce and/or eliminate the number of screening mammograms performed in violation of CDC policies— To be determined	On-going	This is a slippery issue. We have not formally tracked this issue as of yet. To our knowledge this does not seem to be as prevalent as the "over Papping" issue.

Goal: Reimburse providers quickly and accurately

Target/Measure	Timeline	Discussion
Reduce number of days between the day of receipt of the BCHP form and submission of the authorization of payment to the accounting department— No more than 5 working days	On-going	We did not meet this target. Part of the difficulty was due to the fact that the DMS did not work. Bills were held off being paid until the providers began to complain. Then we had to pay them by hand.
Maintain the number of days between the day of receipt of the BCHP "long form" form and submission to accounting for payment— No more than 1 working day	On-going	Once again, there was difficulty meeting this goal as the DMS was not working.
Accuracy of payments to providers— 100%	On-going	There have been a number of errors in making payment to providers. There seem to be five basic errors: ✓ Double payments—particularly with mammogram where the mammograms are read separately from the facility. Both providers may send in a form for payment and we pay both providers when a form is presented. ✓ Failure to pay (1). For a while the Data Manager failed to give

Target/Measure	Timeline	Discussion
		the accounting department a copy of the invoice that was hand generated. Before Craig left he was able to fix the closed/not closed – click/unclick problem in the DMS (is was a problem with the default), so when the DMS is fixed, failure to make payment should not be a problem. Failure to pay (2). The clinic fails to send the BCHP form. We continue to educate the providers that we pay from forms not Health Insurance Claim Forms. ✓ Failure to pay. A. The radiology facility is paid the global fee instead of the technical consult and the radiologist is not paid the professional fee. Familiarity regarding the radiologists and who is paid globally, who is not and who reads for whom with resolve itself in time. Also payment from DMS should not have this problem because providers are keyed as to which fee they get. B. The clients are listed but the amount at the bottom of the page is wrong. Clients were inserted at the top or bottom of the table but the formula was not adjusted to include the new rows. Familiarity with the spreadsheet program should resolve this problem. ✓ Payments made to the wrong clinic. This is a training and familiarity issue that should also resolve itself as the data entry person becomes more comfortable with the providers. ✓ Wrong payments either dollar amount &/or wrong CPT codes. This is issue that is based in carelessness that has to be corrected by the individual making the payments.

Program Component: Surveillance Action Plan

Goal: Support goal to identify target populations with unmet screening needs.

Target/Measure	Timeline	Comments
Frequency of data exports to WDOH— weekly	Weekly	No exports have been required to WDOH
.(Program Progress Indicator B-1) Completeness and accuracy of data- Error rate in MDE submission of 5% or less	Weekly	Not applicable this quarter
Completeness and accuracy of data for entry into Data Management System.	100%	Education to providers regarding the completeness and accuracy of information on the forms continues. Staff follows up with clinics to obtain missing or contradictory information.

Goal: Meet CDC Performance Indicators.

Target/Measure	Timeline	Comments
(Performance Indicator #1) All women enrolled are between the age of 40 and 65 years of age-- 100%	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #2) Enroll no less than 958 women over the age of 50 into the program—	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #3) Final diagnosis of cervical cancer/not cervical cancer is obtained within 60 days of the date of service of the abnormal finding— 100% but no less than 80%	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #4) Final diagnosis of breast cancer/not breast cancer is obtained within 60 days of the date of service of the abnormal finding— 100% but no less than 80%	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #5) Treatment is initiated within 60 days of the date of the diagnosis of CIN II, CIN III, CIS or invasive cancer of the cervix — 100% but no less than 85%	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #6) Treatment is initiated within 60 days of the date of the diagnosis of in-situ or invasive cancer—100% but no less than 85%	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #7) Obtain, complete and record records on abnormal Pap smear cases— 100% but no less than 95%	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #8) Obtain, complete and record records on abnormal mammogram, abnormal CBE, or have a diagnostic work planned for breast cancer — 100% but no less than 95%	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.
(Performance Indicator #9) Record that treatment of CIN II, CIN III, CIS or invasive cancer of the cervix was initiated in the DMS —	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data

Target/Measure	Timeline	Comments
100% but no less than 95%		input before all of the second quarter data was entered.
(Performance Indicator #10) Record that treatment of breast cancer (in situ or invasive) was initiated in the DMS— **100% but no less than 95%**	On-going Monitored weekly	The Performance Indicators were not run because they are not accurate. The DMS became unavailable for data input before all of the second quarter data was entered.

Goal: Have on-going and critical review of the progress of surveillance efforts.

Target/Measure	Timeline	Comments
Meet the requirements set by the performance indicators— **100%**	weekly	Unknown do to failure to be able to obtain accurate data from the DMS.
Individual reports sent to each provider detailing their success and failures in delivering services— **Monthly**	By the 15th of each month	Unable to run the reports out of the DMS. Contractors are asking for reports. Most reports cannot run.
Reports sent to each provider will contain suggestions on actions that may improve performance which can be used to Develop plans or ideas to maintain and/or improve the performance indicators — **Monthly**	By the 15th of each month	Unable to run the reports out of the DMS
Meet the requirements set by the performance indicators by consulting with WDOH staff regarding issues and/or actions that have significant negative impact on performance — **100%**	On-going	WDOH is aware of the DMS problems.

Program Component: Partnership Development and Community Involvement Action Plan

Goal: Develop new partners.

Target/Measure	Timeline	Comments
Contact agencies and organizations with similar goals-- **Contact made**	On-going	The Coordinator has begun to identify potential agencies and organizations by attending the Migrant Network Meetings in February.
Maximize the health outcomes for enrolled women by establishing relationships with local and regional agencies and organization with similar goals— **Identify linkages that will support and enhance the goal and mission of the involved entities**	On-going	The Coordinator has begun to identify potential agencies and organizations by attending the Migrant Network Meetings in February.
Maximize the health outcomes for enrolled women by seeking involvement with local and regional groups or coalitions that either serve BCHP population (older medically under-served women) or that have a similar mission i.e. fight against cancer)-- **Identify linkages and or functions that will support and enhance the group or coalition goal**	On-going	The Coordinator has begun to identify potential agencies and organizations by attending the Migrant Network Meetings in February.

Goal: Enrich the interactions with existing partners.

Target/Measure	Timeline	Comments
Maximize the health outcomes for enrolled women by	On-going	The Coordinator has been working to

continuing relationships with existing local and regional partners. **Identify projects and/or functions that will support and enhance the goal and mission of the involved entities**		strengthen the bonds between the Indian Health Service and the Yakama Nation. The Coordinator has provided written support for funding for a grant application to put on an educational event. The Coordinator is also working with these groups to have a Cancer Awareness event in May.
Maximize the health outcomes for enrolled women by maintaining involvement with local and regional groups or coalitions that either serve BCHP population (older medically under-served women) and/or mission (i.e. fight against cancer) **Identify linkages and or functions that will support and enhance the group or coalition goal**	On-going	The Coordinator has been working to strengthen the bonds between the Indian Health Service and the Yakama Nation. The Coordinator has provided written support for funding for a grant application to put on an educational event. The Coordinator is also working with these groups to have a Cancer Awareness event in May.

Goal: Involve the general public into Breast and Cervical Health Program Activities.

Target/Measure	Timeline	Comments
Maximize the health outcomes for enrolled women by identification of successful activities that have involved the general public in other areas. **List of activities**	June 30, 2002	1. October events held throughout the region. 2.

Program Component: Professional Education Action Plan

Goal: Improve regular and timely communication with each provider.

Target/Measure	Timeline	Comments
Quarterly newsletters— **4 newsletters in a 12 month period**	Spring; Summer; Winter & Fall	A newsletter was sent out in January.
Site visits to each provider— **At least two visits per contract period**	Completed by June 30, 2002	Second round of visits began last quarter. In-house training visits were made to the following: Planned Parenthood offices in Yakima; Dr. Evan's office in Pasco; YVFWC in Toppenish; Yakama Nation in Toppenish; La Clinica offices in Pasco, Richland and Kennewick; and Columbia County Health District.

Goal: Assure that providers have a clear understanding of program policies, standards, and systems.

Target/Measure	Timeline	Comments
Each provider to have up-to-dated manuals regarding policies and procedures, forms, billing, treatment, service network, and resources — **Updates completed**	As changes occur	Up dates have been sent out. The updated policies and an updated provider list has been sent out.
Individual reports sent to each provider detailing their success and failures in delivering services— **Monthly**	By the 15th of each month	Unable to run reports out of DMS

Reports sent to each provider will contain suggestions on actions that may improve performance— Monthly	By the 15th of each month	Unable to run reports out of DMS

Goal: Assure that providers keep abreast of Breast cancer, Cervical cancer and program trends, findings, and target population issues.

Target/Measure	Timeline	Comments
Distribute information on Breast and Cervical cancer from WDOH to providers Mailings to each provider as information is released	On-going	As Breast and/or Cervical cancer information, policy changes, or other items of programmatic interest from WDOH or other sources comes to me, it is distributed by mail to providers.
Write and distribute a quarterly Newsletter to all providers Each provider to receive a newsletter quarterly	Every 3 months (quarterly)	A newsletter was developed and sent out in January.

Goal: Assure that providers have training opportunities.

Target/Measure	Timeline	Comments
Post training events for providers in a newsletter or notify by mail Each provider to be informed of training opportunities appropriate to their interest or field of expertise.	By event (On-going)	No training opportunities were available this quarter.
Utilize the capability of the Yakima Health District to be a satellite down-link site for education purposes— Educational opportunities at the Yakima Health District offered to providers and Prime Contractors throughout the state	By event (On-going)	No education opportunities were available this quarter.

Goal: Ensure ongoing improvement to Provider Education efforts.

Target/Measure	Timeline	Comments
Evaluate each action item in the quarterly report 100%	Quarterly	High staff turn over and the fact that the doctors and nurse practitioners are rarely available to discuss screening standards and/or BCHP policies is and will continue to be a big hole in the provider education process.
Survey to each provider for input and suggestions for improvement. 100%	ongoing	We will continue to question providers regarding input and suggestions for continuing education on an informal basis. It remains to be seen at this point if a written survey will be more practical.

Program Component: Quality Assurance and Improvement Action Plan

Goal: Support the Service Delivery Program Progress Indicators.

Target/Measure	Timeline	Comments
(Program Progress Indicator C-1) Ensure that all women with abnormal breast cancer test results	On-going Monitored	All women receive notification of abnormal result and notification of the

receive appropriate notification and needed diagnostic services-- **Percent of incomplete should be no more than 10% of records**	weekly	diagnostic services that they need 100%
(Program Progress Indicator C-2) Ensure that all women with abnormal cervical cancer test results receive appropriate notification and needed diagnostic services-- **Percent of incomplete should be no more than 10% of records**	On-going Monitored weekly	All women receive notification of abnormal result and notification of the diagnostic services that they need 100%
(Program Progress Indicator C-3) Ensure timeliness of diagnosis of breast cancer diagnosis— **Median time from abnormal screening test result to diagnosis is 60 days or less.**	On-going Monitored weekly	Again, the DMS is not current and data cannot be entered into it so we have no real way of knowing if this target is being met. However, the Case Manager's records indicate that the test result to breast cancer diagnosis is less than 60 days where the woman does her follow-up. We do good here.
(Program Progress Indicator C-4) Ensure timeliness of diagnosis of cervical cancer diagnosis— **Median time from abnormal screening test result to diagnosis is 60 days or less.**	On-going Monitored weekly	Again, the DMS is not current and data cannot be entered into it so we have no real way of knowing if this target is being met. However, the Case Manager's records for this quarter indicate that the median time from abnormal cervical screening test result to a diagnosis of cancer is within 60 days in those cases where the woman completes her follow-up.
(Program Progress Indicator C-5) Ensure timeliness of breast cancer treatment— **Percent of women with the time from cancer diagnosis to initiation of treatment longer than 60 days is no more than 15% of records.**	On-going Monitored weekly	0% cases took longer than 60 days. There were 2 clients this quarter. Breast cancer treatment begins in less than 30 days. One client received treatment within 22 days. Another client received treatment within 13 days. We are very successful at meeting this Target.
Ensure timeliness of cervical cancer treatment— **Percent of women with the time from cancer diagnosis to initiation of treatment longer than 60 days is no more than 15% of records.**	On-going Monitored weekly	100% of the cases this quarter took longer than 60 days to initiate treatment. We just had two clients this quarter. One received treatment within 65 days. The reason this took so long is because the woman did not understand that the cancer was important to treat. The other client refused treatment.

Goal: Ensure that the Program Progress Indicators are met.

Target/Measure	Timeline	Comments
Every woman with an abnormal finding has a Case Management—Client Comprehensive Needs Assessment— **Completed and signed form within 30 days of the abnormal finding.**	On-going Monitored weekly	The Case Manager has implemented a new strategy to gain better compliance. She mails the forms filled out with the client's name to providers. The small clinics are the most likely to take the forms and complete them the rest of the way. But within the 4 large clinics, the internal patient care systems do not provide the BCHP Coordinators with information or contact with client past

Target/Measure	Timeline	Comments
		enrollment. In these cases case management is done either by phone or appointment by case manager within 30 days. Improvement is needed, as it is not as seamless as hoped for.
Every woman with an abnormal finding has a Case Management—Client Service Plan and Agreement — Completed and signed form within 30 days of the abnormal finding.	On-going Monitored weekly	This remains a weak point but it is improving. The Case Manager tries to facilitate compliance by the providers by sending them the forms with the client's name on them. This is working better with small clinics. But within the 4 large clinics, the internal patient care systems do not provide the BCHP Coordinators access to medical information or contact with client past enrollment. In these cases case management is done either by phone or appointment by case manager.
Maximize the health outcomes for enrolled women with abnormal findings by Strengthening team bonds between case manager and service providers. Completed Case Management forms	On-going	Bonds between case manager and providers are being strengthened. The providers are calling the Case Manager for guidance and to make her aware when there is an abnormal finding.
Maximize the health outcomes for enrolled women with diagnosis of cancer enrolling women with a diagnosis of breast cancer or cervical cancer into the DSHS system Client enrolled to obtain medical coupons within one week of diagnosis	On-going	Clients are enrolled in less than a week. The average time that they receive a medical coupon is ten days. Treatment Providers are informed when the client obtains the medical coupon

Goal: Have mechanism in place to trigger re-calls.

Target/Measure	Timeline	Comments
Maximize the health outcomes for enrolled women with non-critical abnormal cervical findings by contacting those women with "abnormal" cervical findings that the doctors has determined that they need to return for a repeat Pap in 4 to 6 months.— 100% of women are notified of the need for follow-up screenings	On-going Monitored weekly	A letter and/or phone call is made to clients 4 weeks in advanced of follow-up schedule. 100%.
Better alignment between CDC policies for frequency of mammograms and Pap test by informing providers when clients are due for Pap test, mammograms and annual exams — Create notification system where the providers will get monthly notice of patient screening due dates.	June 30, 2002	We have not been sending the providers information of the patient due dates-- but the providers – clinics and mammographers are really getting the message that we have been yammering at them for the past year. They paid attention! There has been a big improvement with providers following the CDC policies. The women that have been with us for 3 years are not automatically getting Pap tests and mammograms.
Reduce workloads on clinic floor staff by notifying clients when it is time to be determined for eligibility and when/which services (annual exam, mammogram, and/or Pap test) are due— Create notification system where the clients will get notice that they are due for a re-determination of eligibility.	On-going June 30, 2002	The Coordinator is working on a system to help the providers know when a woman is due for a Pap and/or a Mammogram so that screening frequency schedules are in line with BCHP policies. However, most of the clinics are getting better and better at

Target/Measure	Timeline	Comments
		paying attention to the program's screening idiosyncrasies. We have noted that providers have written on BCHP forms women have not been referred for a mammogram and/or a Pap test because they had one within the BCHP policy screening schedules.

Goal: Alignment between actions performed by Primary Providers and CDC policies for Mammograms and Pap tests.

Target/Measure	Timeline	Comments
Reduce or eliminate yearly Pap test where there are three consecutive normal Pap tests by Primary Providers without punishing laboratories which do the analysis— **~~To be determined~~** **a) Pap test to be performed according to CDC policies and** **b) Where clinics have taken Pap test in violation of policy, laboratories will be paid out of State funds and the amount of the Pap lab fee will be subtracted from the primary provider's clinical service remittance.**	Beginning October 1, 2001	Pap test fees are deducted from the primary provider's office visit fee if a Pap test is performed by the provider in error of BCHP cervical policy. The Pap labs are not penalized when this happens because that deducted Pap cost is sent to them. As expected, the providers are bringing their actions into line regarding this policy. Education on this policy continues and is also addressed in writing at the bottom of each payment authorization.
Reduce or eliminate the incidence of referrals for mammograms that occur without regard to frequency and age requirements set by CDC policy— **a) Mammogram to be performed according to CDC policies and** **b) Where clinics have referred a woman for a mammogram in violation of policy, radiologists will be paid out of State funds and the amount of the mammogram will be subtracted from the primary provider's clinical service remittance.**	To be implemented after education and set up of system to inform providers when a mammogram is due.	Although we do little to urge the providers to conform to this policy we have noted that the providers are not automatically referring women to have a mammogram if the woman is under the age of 50 and had a normal mammogram within the last year. Education on this policy is given out and the coordinator is working on a system to inform providers when a mammogram for an established client is due.

Goal: Reduction of timelines.

Target/Measure	Timeline	Comments
Improvement in the quality of data received by responding to missing or inadequate data— **Accurate and complete data**	On-going	Providers are educated about the importance of having accurate and complete data. Staff calls providers on a daily basis when information is missing or contradictory until the missing data is provided.
Reduction in timelines between date of service and diagnosis by notifying the Case Manager of a client that receives an abnormal finding— **Same day notification**	On-going	The Case Manager reports that most of the providers are calling her to report abnormal finding.
Reduction in timelines between date of diagnosis and initiation of treatment by notifying the Case Manager of a client that receives a diagnosis of cancer— **Same day notification**	On-going	The Case Manager tracks the progress of cases with abnormal findings and notification of the results is coming quicker. Slowdowns of notification occur because the system in place at the provider's office and the referral doctor's

Reduction in paper work lag time by providing reports to providers on the number of days between the date of service and the receipt of paperwork by the Regional office— **All paperwork received by the Health District within 20 days of the date of service**	On-going	office is slower than it should be. A report in the form of payment or denial of payment for timely submission of paper is sent to each provider. This report is sent each time a payment for services is made. A master report will be sent to each provider at the end of the year.

Program Component: Public Education, Information and Outreach Action Plan

Goal: Enroll target populations.

Target/Measure	Timeline	Comments
Greater enrollment numbers of Hispanic women over the age of 50 by a media campaign on the Hispanic radio stations regarding the BCHP **Meet CDC standards**	June 30, 2002	Had one hour program on cervical health on La Campesina in Pasco in February. KDNA mentions the BCHP once a week.

Goal: Have effective outreach to target populations.

Target/Measure	Timeline	Comments
Enrollment of women— **Women enrolled are above the age of 50**	On-going	No outreach activities were done this quarter.
Record activities and number of contacts at each activity— **Journal of activities** **log of enrollments and contacts**	Monthly review of activities	No formal outreach activities were performed this quarter.

Goal: Increase women's awareness on breast cancer and cervical cancer issues.

Target/Measure	Timeline	Comments
Educate women on Breast and Cervical cancer by hosting and/or participate in large local educational events — **One large event in each county in the region**	Events to be either October 2001~~or April 2003~~	We held or participated in Public Education events in every county during the month of October.

Program Component: Screening, Referral, Tracking and Follow-up Action Plan

Goal: Utilize DMS data reports to target areas which need improvement.

Target/Measure	Timeline	Comments
Improve effectiveness of screening activities by utilization of DMS reports-- **Program Progress Indicators and Program Indicators are met**	On-going	The DMS has not been working. Reports cannot be generated for this quarter.
Improve effectiveness of tracking activities by utilization of DMS reports -- **Program Progress Indicators and Program Indicators are met**	On-going	The DMS has not been working. Reports cannot be generated for this quarter.

Target/Measure	Timeline	Comments
Improve effectiveness of referral activities by utilization of DMS reports -- Program Progress Indicators and Program Indicators are met	On-going	The DMS has not been working. Reports cannot be generated for this quarter.
Improve effectiveness of follow-up activities by utilization of DMS reports -- Program Progress Indicators and Program Indicators are met	On-going	The DMS has not been working. Reports cannot be generated for this quarter.

Goal: Improve alignment between CDC screening policy and actual practices.

Target/Measure	Timeline	Comments
20 percent of eligible BCHP women have never been screened or have not have a screening in 5 or more years— Annually	On-going	The DMS has not been working. Reports cannot be generated for this quarter.
75% of BCHP enrolled women with three consecutive, normal annual Pap tests do not receive a fourth annual Pap test. — Annually	On-going	The DMS has not been working. Reports cannot be generated for this quarter.
100% of all women with an absent cervix that was not removed due to cancer do not receive a Pap test.— Annually	On-going	Pap tests for women with an absent cervix are not paid by the program. The Pap fees are deducted from office visit fees and those dollars are passed along to the Pap laboratories. So, indirectly it is the clinics are paying for those Pap tests.

Program Component: Case Management Action Plan

Goal: Assure that each women with an abnormal finding or a diagnosis of cancer are considered priority for receiving case management services. which requires case management obtains a diagnosis of cancer or not cancer within 60 days of the date of service of the abnormal finding

Target/Measure	Timeline	Comments
Regional Case Manager will be notified by telephone of each woman with an abnormal screening result 100% of the women	Within 15 days of the date of service of the abnormal finding	This is improving weekly with the small clinics. But within the 4 large clinics, the internal patient care systems does not provide the clinic BCHP coordinators client findings. Subsequently the Case Manager is not informed.
A Client Case Management Comprehensive Needs Assessment and Service Plan will be completed with each woman 100% of the women	Within 30 days of the date of service of the abnormal finding	The Case Manager has implemented a new strategy by mailing to providers the case management forms with clients name on them. This is working better with small clinics. But within the 4 large clinics, the internal patient care systems do not provide the BCHP Coordinators access to information or contact with client past enrollment. In these cases this is done either by phone or appointment by case manager within 30 days.
A Case Management Client Service Plan and Agreement will be completed with each woman	Within 30 days of the	Either the provider or the Case Manger completes this form on 100% of the

Target/Measure	Timeline	Comments
100% of the woman	date of service of the abnormal finding	women that have an abnormal finding which requires case management.
Phone calls to providers on abnormal cases to monitor the progress of each client with an abnormal diagnosis. **The provider is called at least once a week on each case with an abnormal finding until a diagnosis is obtained or the woman is deemed "Refused and/or Lost to follow-up"**	From initial knowledge of the abnormal finding to 60 days from the date of service of the abnormal finding	Clients with abnormal findings are monitored weekly with calls either to providers or to directly to the client. Once this data for this contract period is entered in the DMS, there will be a way to asses whether this strategy is working.
Each woman with an abnormal finding to be contacted **Less than 10% of the women with abnormal findings will be documented as "Refused and/or Lost to follow-up"**	From initial knowledge of the abnormal finding to 60 days from the date of service of the abnormal finding	Clients with abnormal findings are monitored weekly with calls either to providers or to directly to the client. Once this data for this contract period is entered in the DMS, there will be a way to asses whether this strategy is working.

Goal: Support the CDC/WDOH policy regarding "Refused and/or Lost to Follow-up" cases

Target/Measure	Timeline	Comments
Documentation recorded on the Case Management Comprehensive Needs Assessment form and/or Case Management Client Service Plan and Agreement demonstrating that the three attempts specified **1. Telephone Call, 2. Certified or registered mail, 3. Personal visit** **by CDC and WDPH have been made will be submitted to the Case Manager for inclusion into the case file** **Each case will have documentation**	Within 60 days of the abnormal diagnosis	Two phone calls and a letter is always sent by the clinics. Case manager follows up with a phone call, or home visit. The Case Manager has found that a registered letter takes about 6 weeks to be returned. This messes up timelines. Many times the client does not want to go to the post office to sign for mail. It is more effective to call or make a home visit. One case this quarter, we had to hunt down the client. Her addresses and phone numbers were all incorrect. However, persistence and time allowed the Case Management Support staff to find her down and get her to sign the cancer treatment form. Another woman missed 4 appointments and she would not respond to phone calls and letters. The Case Management Support staff paid her a personal visit and convinced her to have the treatment and sign the form. Her transportation problems were also taken care of at that meeting.

Goal: Provide support to woman and providers to assure that Performance Indicators, timelines, and Case Management forms are met, completed and submitted.

Target/Measure	Timeline	Comments
Have resources available to Provide transportation and/or child care when needed by woman to keep her BCHP diagnostic work-up appointments **Every women needing transportation and/or child care receives it**	Between 30 and 60 days from the date of service of the abnormal finding or diagnosis to diagnosis and/or treatment	Resources for transportation are in place. Child care resources are in development.
Each set of Case Management Forms on an abnormal finding determined by CDC to need case management services completed and submitted within 30 days of the date of service of the abnormal finding **100% needed forms are completed and turned in on time**	30 days of the date of abnormal finding	There is improvement in getting the forms completed although the timelines are still needing improvement. In the small clinics, this has improved greatly. With the large clinics there has been no success at all. In these cases, the case manager completes the form.
Each woman receives diagnostic work-up services within 60 days of the date of service of the abnormal finding determined by CDC to need case management services **100% completed**	60 days of the date of abnormal finding	Each woman receives diagnostic work-up services but she does not get a diagnosis as soon as the program required. The reasons for this are as varied as the women themselves. We find that the following reasons are the most common: ✓ The woman does not understand that she needs to have diagnostic screening services—cannot read, mis-understands what the doctor/case manager is telling her, lack of basic knowledge about women's health and the reasons for needed further work-ups. ✓ The woman cannot be reached—leaves for Mexico for an extended period of time, leaves to find work elsewhere, changes address, is hiding from the I.N.S. ✓ The woman cannot return due to personal reasons—fear, money, cultural and/or interpersonal factors.

Goal: Ensure ongoing improvement to Case Management efforts

Target/Measure	Timeline	Comments
Evaluate each action item in the quarterly report to assess the effectiveness of the action items of the Case Management action plan - **Meet each action item**	Quarterly	The Case Manager and support staff continue to gain confidence with the program. Case Management is tightening up and becoming more defined. However there is still plenty of room for improvement. The areas are: 1) Proactive completion of the Case Management forms within the

Target/Measure	Timeline	Comments
		timelines set by WDOH—The small clinics are filling out the forms but larger clinics are still not doing this. 2) Development of a tickler system to remind women of follow-up visits that may be needed mid-cycle.
Survey each provider for suggestions on improvement-- **Each provider to get an survey**	June 30, 2002	

Program Component: Evaluation Action Plan

Goal: Staff/Management.

Target/Measure	Timeline	Comments
Assure that staff workloads can be accomplished in time designated and that activities are within the appropriate scope of work **Appropriate staffing levels**	End of each Month	Staffing levels appear to be appropriate.
Assure that staff of doing the work required by the position **Staff is able to do accurate, timely, effective work**	End of each Month	Overall staff appears to be doing fine. The Data Entry staff is shakey when the DMS is not available to shore her up.
Assure that staff is functioning as a unit with a common goal **Workload is shared**	End of each Month	Staff is willing and able to help one another with the workload.
Appropriate documentation in the form of a written report of Monthly evaluation of activities, duties, accuracy, speed and skill of staff **Presence of report**	Monthly	Reports have been done.

Goal: All performance Indicators are met and maintained.

Target/Measure	Timeline	Comments
Improved health outcomes for women enrolled in the program from effective activities within the program's components. **To meet or exceed the performance indicators**	Monthly	A on-going assessment of activities is done by Regional Coordinator and staff during meetings. However, it is unclear whether performance indicators have been met because the reports generated are not accurate.
Assure that activities within program components are effective by a written report/analysis of the findings **Presence of a report**	Monthly	Reports have been in the form of discussion not written.

Goal: CDC policies are met and maintained.

Target/Measure	Timeline	Comments
Improved health outcomes for women enrolled in the program by effective activities in the program's components. **CDC policies are being followed**	Monthly	A on-going assessment of activities is done by Regional Coordinator and staff during meetings.
Assure that activities within program components are effective **Presence of a report**	Monthly	Reports have been in the form of discussion not written.

Goal: Program Progress Indicators are met.

Target/Measure	Timeline	Comments
Improved health outcomes for women enrolled in the program through the effectiveness of the activities in the program components **Program Progress Indicators are achieved**	Monthly	A on-going assessment of activities is done by Regional Coordinator and staff during meetings.
Assure that activities within program components are effective **Presence of a report**	Monthly	Reports have been in the form of discussion not written.